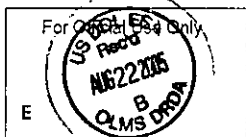


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12804</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Daniel</u> <u>Rediske</u> P.O. Box, Bldg., Room No., if any Street <u>1303 North Rabe Avenue #101</u> City <u>Fresno</u> State <u>California</u> ZIP Code + 4 <u>93727</u>	4. Name, file number, and address of labor organization. Name <u>Pipe Trades District Council #36</u> Labor Organization File Number <u>047-775</u> P.O. Box, Building and Room Number, if any Street <u>1303 North Rabe Avenue #101</u> City <u>Fresno</u> State <u>California</u> ZIP Code + 4 <u>93727</u>
5. Position in labor organization. <u>Executive Board Member</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.  7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed <u>[Signature]</u>	On <u>8/15/05</u> Date <u>589-804-8916</u> Telephone Number

Name of Person Filing Daniel Radiske	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Pipe Trades District Council #36 - ATF  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any P.O. Box 7892  
 Street  
 City San Francisco  
 State California ZIP Code + 4 94120

9. Business deals with:

- ☒ a. Labor Organization  
☐ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

11.a. Nature of such dealing.

Employer contributions to the Trust funds are based on hours worked by union members. Total amount of employer contributions for 2004.

11.b. Approximate dollar value of such dealing.

\$1,228,355

12.a. Nature of interest held or income received.

Per Diem - Ann Arbor Conference - \$720  
 Reimbursement Expense - Ann Arbor Conference - \$50  
 Instructor Payroll - \$10,199

12.b. Amount.

\$10,969

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name  
 Trade Name, if any:  
 P.O. Box, Bldg., Room No., if any  
 Street  
 City  
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.